

# TATTENHALL & DISTRICT PARISH COUNCIL

## Health & Safety Policy



### 1. General Statement of Policy

**1.1** To provide and maintain safe and healthy working conditions, equipment, and systems of work for our councillors and employees, and to provide all necessary information, instruction, training as required for this purpose.

**1.2** To provide and maintain safe facilities for the public.

**1.3** This policy must be kept up to date with the changing circumstances of the Council, as such the policy will be reviewed annually along with the Council's risk assessment at the May meeting every year.

### 2. Responsibilities

**2.1** Overall and final responsibility for health and safety in the Council and for compliance with the Health and Safety at Work etc. Act and Regulations made under the Act and the Occupiers Liability Act is that of the Council.

The Clerk and Chairman are responsible for this policy being carried out.

**2.2** Employees & Councillors have the responsibility to help to achieve a healthy and safe workplace and to take reasonable care of themselves and others.

**2.3** Whenever an employee or Councillor notices a health or safety problem which they are not able to put right, they must inform the Clerk at the first reasonable opportunity, who will then take steps to rectify the situation.

**2.4** All Council events will be risk assessed and that risk assessment approved by Full Council and retained on file.

### 3. Lifting and Handling

**3.1** Advice to employees is attached as appendix 1.

### 4. Employment of Contractors

**4.1** The appointment of contractors will be subject to the 'Managing Contractors Checklist' appendix 2.

### 5. Employment of Volunteers

**5.1** The employment of volunteers will be subject to the 'Managing Volunteers Checklist' appendix 3.

### 6. Homeworkers

**6.1** All homeworkers will complete the 'homeworkers checklist' which will be kept on file and regularly reviewed to take into account changes in circumstance, appendix 4.

### 7. Reporting and Recording of Accidents

**7.1** Accidents shall be reported to the Clerk who will record them and report to the next Parish Council meeting the accident and action taken will be noted in the minutes of that meeting.

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### LIFTING AND HANDLING

1) The 1992 Regulations apply to lifting, pushing, pulling, carrying and moving by hand or by bodily force. More work injuries are caused though "handling goods" than any other single action.

Manual lifting is included in this and an incorrect technique can cause; hernia; torn back muscles; "slipped disc"; cuts; bruises; crush injuries to fingers, hands and forearms; crush injuries to toes; cuts and bruises to the legs and feet.

2) The following basic rules are produced to help reduce these accidents:

Never attempt to lift anything beyond your capability.

If an object is to be lifted manually:

- a) Bend the knees and crouch to the object.
- b) Get a firm grip using the whole hand and not the finger tips.
- c) Keep the back straight.
- d) Tuck the chin in.
- e) Position the feet so that one is behind the other alongside the object, pointing in the direction of movement after lifting.
- f) Push off with the rear foot. Straighten the legs and raising the object, move off in required direction in one smooth movement.
- g) Avoid pinching the fingers when releasing the object.

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### Appendix 2

#### MANAGING CONTRACTORS SELECTION CHECKLIST

- When selecting contractors always check that they are competent (qualifications, recommendations, etc.)
- Check their risk assessments and method statements (where appropriate)
- Share health and safety information with contractors (relevant risk assessments, asbestos information, fire safety arrangements, etc.)
- Ensure good co-operation and co-operation during the works
- Make those impacted aware of the work and the agreed safety arrangements
- Monitor contractor's activities to ensure they are meeting the agreed health and safety requirements
- Check that contractors have the required insurance

**Completed checklist to be attached to contractors approved risk assessment.**

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### Appendix 3

#### MANAGING VOLUNTEERS CHECKLIST

- When using volunteers always check that they are competent
- Produce risk assessments and method statements (where appropriate) and ensure volunteers are aware of this assessment
- Nominate one volunteer to act as coordinator to ensure information is circulated and that volunteers are aware who to report an incident to.
- Share health and safety information with volunteers (relevant risk assessments, asbestos information, fire safety arrangements, etc.)
- Ensure good co-operation and co-operation during the works
- Make those impacted aware of the work and the agreed safety arrangements
- Monitor volunteers' activities to ensure they are meeting the agreed health and safety requirements
- Check the Parish Council has the required insurance

**Completed checklist to be attached to approved risk assessment.**

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### Appendix 4

### HOMWORKING CHECKLIST

To be completed by the employee, with guidance from the Chairman and reference to the homeworking policy.

<b>1.</b>	<b>DISPLAY SCREEN EQUIPMENT.</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1:1.	Do you have a suitable desk? NB: The height should be approx. 750mm and the depth sufficient to hold the PC and keyboard	_____	_____	_____
1:2.	Do you have a suitable chair? NB: The chair must be stable, with adjustable height and back support)	_____	_____	_____
1:3.	Have you completed a DSE workstation assessment? If no, please complete one ASAP	_____	_____	_____
1:4.	Do you use a laptop and if so does it have a separate keyboard?	_____	_____	_____
1:5.	Have you read the information and advice for DSE users?	_____	_____	_____
<b>2.</b>	<b>ELECTRICS.</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
2:1.	Can all equipment be switched off easily and quickly?	_____	_____	_____
2:2.	Are all flexes/wires in good condition and free from damage?	_____	_____	_____
2:3.	Are wires placed so they can't be damaged or tripped over?	_____	_____	_____
2:4.	Are all sockets in good condition and free from cracks/damage?	_____	_____	_____
2:5.	Is all electrical equipment in good condition and damage free?	_____	_____	_____
2:6.	Are all cables securely fixed in their plugs?	_____	_____	_____
2:7.	Are correct fuses fitted (where appropriate)?	_____	_____	_____
<b>3.</b>	<b>HAZARDOUS SUBSTANCES.</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
3:1.	Do you use any hazardous substances when working from home? i.e. anything with a warning label	_____	_____	_____
3:2.	If yes, do you have the manufacturer's safety data sheets?	_____	_____	_____
3:3.	Do you have suitable, secure storage for any chemicals used?	_____	_____	_____
<b>4.</b>	<b>MANUAL HANDLING.</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
4:1.	Are you aware of the correct procedures for manual handling activities?	_____	_____	_____

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<b>5.</b>	<b>WORK EQUIPMENT.</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
5:1.	Has all equipment been checked to make sure that it's suitable?	___	___	___
5:2.	Is equipment checked regularly (i.e. visual checks) for faults/damage?	___	___	___
5:3.	Are heavy items stored at the lowest point of shelves/cabinets?	___	___	___
<b>6.</b>	<b>FIRE SAFETY.</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
6:1.	Do you have a smoke detector in your working area? NB: If no, you need to arrange for one to be fitted ASAP	___	___	___
6:2.	Do you check it weekly to make sure it's working?	___	___	___
6:3.	Is anything blocking the cooling vents/fans on electrical equipment? e.g. paper, equipment., etc.	___	___	___
<b>7.</b>	<b>FIRST AID.</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
7:1.	Do you have a suitable equipped first aid box?	___	___	___
<b>8.</b>	<b>ACCIDENT REPORTING.</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
8:1.	Are you aware of the accident reporting procedure for homeworkers?	___	___	___
<b>9.</b>	<b>SECURITY.</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
9:1.	Is your equipment placed so it can't be seen from outside your home?	___	___	___
9:2.	Are all doors and windows secure?	___	___	___
<b>10.</b>	<b>WORKING ALONE.</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
10:1	Have you agreed how you will communicate with your manager?	___	___	___
10:2.	Have you agreed your working pattern and any recording required?	___	___	___
10:3	Are you aware of the home and lone working arrangements?	___	___	___
<b>11.</b>	<b>INSURANCE</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
11.1	Does your home insurance cover working from home?	___	___	___

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### ANSWERS:

**YES** answers require no further action (except section 3 on hazardous substances)

**NO** answers require further investigation and/or remedial action by the employee and/or their line manager

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Line manager's Name: \_\_\_\_\_

Line Manager's Signature: \_\_\_\_\_

NB: This checklist should be reviewed on a regular basis (e.g. annually) or whenever there is a change to the homeworker's circumstances (e.g. moving home, refurbishments, etc.).

**Completed checklist to be attached to retained by Council and reviewed annually.**